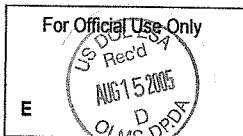


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6855</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ROBERT</u> <u>E</u> <u>FLINN</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>3710 ENRIGHT AVENUE</u> City <u>SAINT LOUIS</u> State <u>MO</u> ZIP Code + 4 <u>63108-3624</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS' INTERNATIONAL UNION LOCAL 42</u> Labor Organization File Number <u>022166</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>3710 ENRIGHT AVENUE</u> City <u>SAINT LOUIS</u> State <u>MO</u> ZIP Code + 4 <u>63108-3624</u>
5. Position in labor organization. <u>BUSINESS MANAGER / SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Robert Flinn</u>	On <u>8/10/2005</u> Date	<u>314-531-1187</u> Telephone Number

Name of Person Filing	ROBERT E. FLINN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="COMMERCE BANK"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="8000 FORSYTH"/></p> <p>City <input type="text" value="SAINT LOUIS"/></p> <p>State <input type="text" value="MO"/> ZIP Code + 4 <input type="text" value="63105"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="ST. LOUIS CONST. LABORERS' WELFARE FUND"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2357 59TH STREET"/></p> <p>City <input type="text" value="SAINT LOUIS"/></p> <p>State <input type="text" value="MO"/> ZIP Code + 4 <input type="text" value="63110"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="MONEY MANAGER"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="UNKNOWN"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="09/02/2004 BALLGAME \$160.00"/></p> <p><input type="text" value="11/23/2004 HOLIDAY HAM CERTIFICATE \$50.00"/></p> <p>12.b. Amount. <input type="text" value="\$210.00"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing ROBERT E. FLINN

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name HEALTH LINK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12443 OLIVE

City SAINT LOUIS

State MO ZIP Code + 4 63141

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ST. LOUIS CONST. LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2357 59TH STREET

City SAINT LOUIS

State MO ZIP Code + 4 63110

## 11.a. Nature of such dealing.

CONSULTANT

## 11.b. Approximate dollar value of such dealing.

UNKNOWN

## 12.a. Nature of interest held or income received.

08/31/2004 BALLGAME \$64.00

## 12.b. Amount.

\$64.00